



## APPLICATION

**For Sleep Technology Education Program**  
9977 Woods Dr. Skokie, IL 60077; 847-663-8200  
[astep@northshore.org](mailto:astep@northshore.org)

### Application Tips and Checklist

The following is a tool to help guide you through the application process. Please check off the steps as you complete them. This page does NOT need to be submitted as part of your application packet. If you have any additional questions, please contact us at 847-663-8200 or [astep@northshore.org](mailto:astep@northshore.org)

### Tuition

Acceptable payment types include cash, credit card, or money orders made out to NORTSHORE sleep disorders for the amount of \$3000. A Non-refundable deposit of \$300.00 is required at the time of registration. Payments may be arranged prior to the course by contacting our office. 847-663-8200

### Important Dates and Deadlines

Course dates are posted on the Sleep Center web site. All applications and application fees must be received 30 days prior to the anticipated start date in order to be considered.

### Checklist for Application

- Application** – The application should be completed by the Applicant for admission
- Copy of High School Diploma** – A copy of your High School diploma or equivalent, must be submitted. A college or university diploma will be accepted as a substitute

- Resume** – A resume or curriculum vitae that reflects your educational background, work experience and any applicable volunteer experience
- Application Fee** – Please submit a non refundable, non creditable \$10 application fee payable to NORTHSORE sleep disorders
- Statement of Purpose** – Should be typed, double spaced essay of 250-300 words describing why you wish to be considered for the sleep medicine education program
- Proofread your application** – Admission is competitive so please fill out the application carefully and completely before submission
- Submit Application** – Submit your application to the Director of Sleep Education, 9977 Woods Dr., Skokie, IL 60077

# Sleep Technology Education Program Application

## Personal Data:

Legal Name: \_\_\_\_\_  
Last First MI Preferred Name

\_\_\_\_\_  
Social Security Number Drivers License Number Date of Birth mm/dd/yyyy

Please answer the following **optional** questions. These questions will not affect your application.

Male  Female

Ethnicity:  White  Black  Hispanic  Asian  Am Indian  other

Are you a U.S. Citizen  Yes  No If "No" Country of

Citizenship \_\_\_\_\_

VISA type \_\_\_\_\_ (include a copy of your I-515 or I-551 (Alien Registration Receipt Card) or I-94 (Arrival /  
Departure Record)

Is English your first language?  Yes  No If "No" what is your first Language? \_\_\_\_\_

Term you expect to enroll in:

August  October Year \_\_\_\_\_

## Permanent Address:

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Home Telephone Cellular Telephone e-mail address

## Temporary Address (if different from permanent address)

\_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_  
Home Telephone Cellular Telephone e-mail address

## Emergency Contact Information

Contact: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

## Educational Information

Highest Degree Completed  High School  Associate's  Bachelor's  Other

\_\_\_\_\_

### School Information

Name of School	University City	State dates attended	Diploma/Certificate earned

### Statement of Purpose

In an essay of 250-300 words, tell us about your professional goals and why you chose to apply to this program.

*NORTHSHORE sleep disorders center A-STEP is an equal opportunity/affirmative action program.*

### Tuition & Registration

Following review, and upon acceptance of your application, a **Non refundable deposit of \$300.00 is required upon registration.** MasterCard/Visa, Cash or Money order made out to NorthShore sleep disorders center in the amount of \$3000.00 (less the \$300.00 deposit if applicable). Payment can be arranged prior to the course. Financial Aid is **not** available for this course. Remaining balance is due prior to first day of session. High school diploma or equivalent required for registration

I agree to adhere to all course policies and procedures. Any violation will be reason for disciplinary action and could result in removal from the course.

**Student's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(required)

Mail Completed Application to:

**Director of Sleep Education  
NORTHSHORE Sleep Disorders Center  
9977 Woods Drive  
Skokie, IL 60077**